

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 W 96TH ST</b> <b>INDIANAPOLIS, IN 46260</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 5, 2014.</p> <p>Survey date: August 14, 2014</p> <p>Facility number: 003282 Provider number: 003282 AIM number: N/A</p> <p>Survey team: Sandra Nolder R.N.-Team Coordinator Gloria Bond R.N.</p> <p>Census bed type: Residential: 77 Total: 77</p> <p>Census payor type: Medicaid: 7 Other: 70 Total: 77</p> <p>Sample: 8</p> <p>Rittenhouse Senior Living Of Indianapolis was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality Review was completed by Tammy Alley RN on August 18, 2014.</p>	{R 000}			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE